

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: <u>10-15 99</u>		2 Serial/Patent # <u>09/375248</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 95%;">Filing</td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 15%;">\$ <u>836.00</u></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td> </td><td> </td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td> </td><td> </td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td> </td><td> </td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td> </td><td> </td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td> </td><td> </td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td> </td><td> </td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td> </td><td> </td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td> </td><td> </td><td>\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td> </td><td> </td><td>\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing			\$ <u>836.00</u>	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ <u>836.00</u>																																																	
<input type="checkbox"/>	Amendment			\$																																																	
<input type="checkbox"/>	Extension of Time			\$																																																	
<input type="checkbox"/>	Notice of Appeal/Appeal			\$																																																	
<input type="checkbox"/>	Petition			\$																																																	
<input type="checkbox"/>	Issue			\$																																																	
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$																																																	
<input type="checkbox"/>	Maintenance			\$																																																	
<input type="checkbox"/>	Assignment			\$																																																	
<input type="checkbox"/>	Other			\$																																																	
7 TOTAL AMOUNT OF REFUND <div style="float: right; text-align: right;">\$ <u>836.00</u></div>		8 TO BE REFUNDED BY: <div style="float: right;"> <input checked="" type="checkbox"/> Treasury Check  <input type="checkbox"/> Credit Deposit A/C #:           </div>																																																			
10 REASON: <div style="float: right;"> <input checked="" type="checkbox"/> Overpayment  <input type="checkbox"/> Duplicate Payment  <input type="checkbox"/> No Fee Due (Explanation):           </div>		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;">--</td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>				--																																															
		--																																																			
11 REFUND REQUESTED BY: <div style="float: right;">             TYPED/PRINTED NAME: <u>Dorothy Bell</u>      TITLE: <u>LIE</u>              SIGNATURE: <u>Dorothy Bell</u>      PHONE: <u>703-308-9485</u>              OFFICE: <u>OIPE</u> </div>																																																					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____      DATE: _____																																																					

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*